

Thesis Proposal Form

All CS PhD students must fill out and submit this form to the PhD Student Services office in Gates 196, email to phdstudentservices@cs.stanford.edu or fax to 650.723.3827. It is advised that students submit this form at least 9 months prior to their thesis defense.

Name: _____ **EmplID:** _____

Email: _____

Title of research: _____

Name of Faculty Thesis advisor : _____

Department of Thesis advisor: _____

Thesis faculty advisor's Endorsement (signature below): *I have discussed the thesis project and my expectations with the student. The abstract reflects the project we are working on.*

Thesis Faculty advisor Name: _____

Thesis Faculty advisor signature: _____ Date: _____
(Required)

Thesis CS co- advisor Name: _____
(required, if primary advisor is outside of the CS department)

Thesis CS co-advisor signature: _____ Date: _____

Committee member Name: _____

Committee member signature: _____ Date: _____

Committee member Name: _____

Committee member signature: _____ Date: _____

Committee member Name: _____

Committee member signature: _____ Date: _____